

# Comal County Environmental Health

## OSSF Inspection Sheet

Installer Name: \_\_\_\_\_

OSSF Installer #: \_\_\_\_\_

1st Inspection Date: \_\_\_\_\_

2nd Inspection Date: \_\_\_\_\_

3rd Inspection Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Permit#:

Address:

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)				
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes:

**Comal County Environmental Health  
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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E) 285.91(2) 285.32(b)(1) (F) 285.32(b)(1)(E) (iii) 285.32(b)(1)(E)(ii) (II) 285.32(b)(1)(E)(ii) (I) 285.32(b)(1)(E) (i) 285.32(b)(1) (D) 285.32(b)(1)(C) (ii) 285.32(b)(1)(C) (i) 285.32(b)(1) (B) 285.32(b)(1) (A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed						
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health  
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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom ) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



# COMAL COUNTY

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## ENGINEER'S OFFICE

### **Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued**

Permit Number: 118696  
Issued This Date: 06/26/2025  
This permit is hereby given to: KRAUSHAAR MICHELLE AND NICHOLAS

To start construction of a private, on-site sewage facility located at:

2124 ANDALUSIA  
CANYON LAKE, TX 78133

Subdivision: ALTO LAGO  
Unit: 1  
Lot: 62  
Block: NA  
Acreage: 1.8900

#### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

This permit gives permission for the construction of the above referenced on-site facility to commence. Installation must be completed by an installer holding a valid registration card from the Texas Commission on Environmental Quality (TCEQ). Installation and inspection must comply with current TCEQ and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

**RECEIVED**

By Kathy Griffin at 1:19 pm, May 29, 2025



**COMAL COUNTY**  
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION  
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

118696
--------

Permit Number

**Instructions:**

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application.

**OSSF Permit**

- ☒ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- ☒ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- ☒ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- ☒ Required Permit Fee - See Attached Fee Schedule
- ☒ Copy of Recorded Deed
- ☒ Surface Application/Aerobic Treatment System
- ☒ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
- ☒ Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

  
\_\_\_\_\_  
Signature of Applicant

5/14/2025  
\_\_\_\_\_  
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refused)

**RECEIVED**

By Kathy Griffin at 1:19 pm, May 29, 2025



COMAL COUNTY  
ENGINEER'S OFFICE

**ON-SITE SEWAGE FACILITY APPLICATION**

195 DAVID JONAS DR  
NEW BRAUNFELS, TX 78132  
(830) 608-2090  
WWW.CCEO.ORG

Date 4/14/2025

Permit Number 118696

**1. APPLICANT / AGENT INFORMATION**

Owner Name KRAUSHAAR MICHELLE & NICHOLAS  
Mailing Address 29792 ANDREA WAY  
City, State, Zip LAGUNA NIGUEL, CA 92677  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

Agent Name KYLE LENTS  
Agent Address 9451 SELMA PARKWAY  
City, State, Zip SELMA, TX 78154  
Phone # 210-632-0753  
Email KYLE@LSWASTEWATER.COM

**2. LOCATION**

Subdivision Name ALTO LAGO Unit 1 Lot 62 Block \_\_\_\_\_  
Survey Name / Abstract Number \_\_\_\_\_ Acreage 1.89  
Address 2124 ANDALUSIA City CANYON LAKE State TX Zip 78133

**3. TYPE OF DEVELOPMENT**

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE / SHOP

Number of Bedrooms 3

Indicate Sq Ft of Living Area House: 3433 / Shop: 400 → Total = 3,833 sq ft

☐ Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility \_\_\_\_\_

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants \_\_\_\_\_

Restaurants, Lounges, Theaters - Indicate Number of Seats \_\_\_\_\_

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds \_\_\_\_\_

Travel Trailer/RV Parks - Indicate Number of Spaces \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Estimated Cost of Construction: \$ 300,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water ☒ Public ☐ Private Well ☐ Rainwater

**4. SIGNATURE OF OWNER**

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Michelle Kraushaar  
Signature of Owner  
Nicholas Kraushaar

15 MAY 2025  
Date





## ON-SITE SEWAGE FACILITY APPLICATION

Planning Materials & Site Evaluation as Required Completed By KYLE LENTS, P.E.

System Description AEROBIC TREATMENT W/ SPRAY DISTRIBUTION

Size of Septic System Required Based on Planning Materials & Soil Evaluation

Tank Size(s) (Gallons) 600 GPD

Absorption/Application Area (Sq Ft) 5,625

Gallons Per Day (As Per TCEQ Table III) 360

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)

Is the property located over the Edwards Recharge Zone? ☐ Yes ☒ No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? ☐ Yes ☒ No

(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

Is there at least one acre per single family dwelling as per 285.40(c)(1)? ☒ Yes ☐ No

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? ☐ Yes ☒ No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ No

Is there an existing TCEQ approval CZP for the property? ☒ Yes ☐ No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? ☐ Yes ☒ No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? ☐ Yes ☒ No

If yes, indicate the city: \_\_\_\_\_

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Kyle Lents  
Signature of Designer

5/14/2025  
Date

2/cB



202506015707 05/28/2025 10:38:16 AM 1/2

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL  
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Comal County, Texas.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate On-Site Sewage Facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSF's are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring maintenance contract, according to 30 Texas Administrative Code §285.91 (12) will be installed on the property described as (insert legal description):

LOT 62 ALTO LAGO SUBDIVISION UNIT 1, COMAL COUNTY, TX

The property is owned by (insert owner's full name):

KRAUSHAAR MICHELLE & NICHOLAS KRAUSHAAR

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 15<sup>th</sup> DAY OF May, 2025

Michelle Kraushaar  
Nicholas Kraushaar

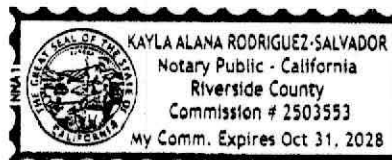
Owner(s) signature(s)

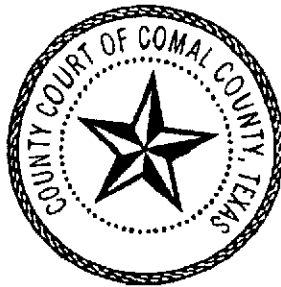
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 15 DAY OF May, 2025

Notary Public, State of ~~Texas~~

California





This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
05/28/2025 10:38:16 AM  
MARY 2 Page(s)  
202506015707



*Bobbie Koepp*

**TWO YEAR INITIAL SERVICE POLICY FOR AN  
ON SITE SEWAGE FACILITY TREATMENT SYSTEM**

Two year service agreement starts the day the county issues the FFO (License to Operate).

System Owner: **MICHELLE & NICHOLAS  
KRAUSHAAR**

Brand Name: \_\_\_\_\_ SN: \_\_\_\_\_

**HELOTES LAND & SEPTIC** will inspect and service your aerobic system once every 4 (four) months for a period of 2 (two) years from the date that this OSSF is first used, at no additional charge to the customer, as required by state guidelines dated June 13, 2001. For a new single-family dwelling, this date is the date of sale by the builder. For an existing single-family dwelling, this date is the date of notice of approval issued by permitting authority.

Before this initial two-year service agreement expires, the owner of the OSSF is required to have a new maintenance agreement signed. A copy of the new agreement shall be submitted to the permitting authority at least 30 days before the current agreement expires. If the property owner or maintenance company desired to discontinue the maintenance agreement, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease. If a maintenance company discontinues business, the property owner shall sign an agreement with another approved maintenance company and provide the permitting authority with a copy of the newly signed maintenance agreement, within 30 days.

**TESTING AND REPORTING**

**HELOTES LAND & SEPTIC** shall test and report on the system as required by rule on the following:

1. An inspection/service call every four months which includes: inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of: visual check for color, turbidity, scum overflow, and an examination for odors.
3. If required, a sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, user will bear the cost and responsibility for doing so.
4. If any improper operation is observed, which cannot be corrected at the time, the user shall be notified immediately, in writing, of the conditions and the estimated date of correction.
5. If necessary, a chlorine residual test will be taken at each visit (BOD and TSS annually on commercial use, only.)

The owner is responsible for keeping chlorine (calcium hypochlorite properly labeled for wastewater disinfection) in the chlorinator, as well as the cost of the chlorine.

**David Wood**, whom has been certified by the manufacturer of your system, will be responsible for fulfilling the requirements of this maintenance agreement, as well as responding to any complaints and/or addressing any concerns by the owner of the system. Concerns and/or complaints will be addressed within 24 hours of the initial contact. Upon expiration of the service agreement, our firm will offer a continuing service policy as mandated by state regulations.

**VIOLATION OF WARRANTY** includes shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

**THIS AGREEMENT DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT WHEN NECESSARY.**

The service company and the owner agreed to abide by the service policy as stated above.

**Maintenance Provider:**

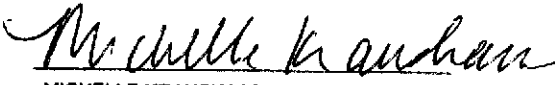

**Helotes Land and Septic**  
18690 Bandera Road  
Helotes, TX 78023

  
David Wood - License MP0002655

5/14/2025  
Date

**Customer:**

**MICHELLE & NICHOLAS KRAUSHAAR**  
2124 ANDALUSIA CANYON LAKE, TX 78133

  
**MICHELLE KRAUSHAAR**  
  
**NICHOLAS KRAUSHAAR**

5/15/2025  
Date  
5/15/2025  
DATE

OWNERS NAME: MISHALLE AND NICHOLAS KRAUSHAAR

PHYSICAL ADDRESS: 2124 ANDALUSIA CANYON LAKE, TX 78133

LEGAL DESCRIPTION: LOT 62 ALTO LAGO SUNDIVISION UNIT 1, COMAL COUNTY, TX

DATE PERFORMED: 5/1/2025

PROPOSED EXCAVATION DEPTH: 0-5'

REQUIREMENTS

- AT LEAST TWO SOIL EVALUATIONS MUST BE PERFORMED ON THE SITE, AT OPPOSITE ENDS OF THE PROPOSED DISPOSAL AREA. LOCATIONS OF SOIL EVALUATIONS MUST BE SHOWN ON THE APPLICATION SITE DRAWING OR DESIGNERS SITE DRAWING.
- FOR SUBSURFACE DISPOSAL, SOIL EVALUATIONS BUT BE PERFORMED TO A DEPTH OF AT LEAST 2 FEET BELOW THE PROPOSED EXCAVATION DEPTH. FOR SURFACE DISPOSAL, THE SURFACE HORIZON MUST BE EVALUTED.
- PLEASE DESCRIBE EACH SOIL HORIZON AND IDENTIFY ANY RESTRICTIVE FEATURES IN THE SPACE PROVIDED BELOW.

SOIL BORING 1 SOIL BORING/BACKHOE PIT \_\_\_\_\_ SURFACE EVALUATION  X

DEPTH	TEXTURAL CLASS	GRAVEL ANALYSIS	DRAINAGE (MOTTLES/WATER TABLE)	RESTRICTIVE HORIZONS	OBSERVATIONS
1'	1A ROCK AT 4"	OVER 30%	WELL DRAINED	ROCK	AEROBIC SPRAY
2'					
3'					
4'					
5'					

SOIL BORING 2 SOIL BORING/BACKHOE PIT \_\_\_\_\_ SURFACE EVALUATION  X

DEPTH	TEXTURAL CLASS	GRAVEL ANALYSIS	DRAINAGE (MOTTLES/WATER TABLE)	RESTRICTIVE HORIZONS	OBSERVATIONS
1'	1A ROCK AT 4"	OVER 30%	WELL DRAINED	ROCK	AEROBIC SPRAY
2'					
3'					
4'					
5'					

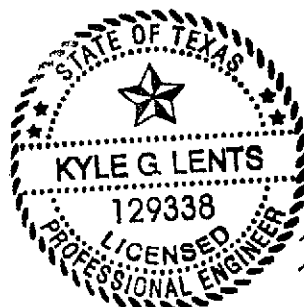
PRESENCE OF 100 YR FLOOD ZONE: NO

PRESENCE OF ADJACENT PONDS, STREAMS, WATER IMPOUNDMENTS: NO

EXISTING OR PROPOSED WATER WELL NEARBY: NO

RECHARGE FEATURE WITHIN 150': NO

I CERTIFY THAT THE FINDINGS OF THIS REPORT ARE BASED ON MY FIELD OBSERVATIONS AND ARE ACCURATE TO THE BEST OF MY ABILITY.



*Kyle Lents*  
5/28/2025

Kyle Lents, P.E. 129338

Mobile: (210) 632-0753

Email: [Kyle@LSWastewater.com](mailto:Kyle@LSWastewater.com)

**OSSF DESIGN**

Owner: MICHELLE AND NICHOLAS KRAUSHAAR

Location: 2124 ANDALUSIA

Date: 5/14/2025

Development: **3 BEDROOM HOUSE W/ WATER SAVING DEVICES** Sq. Ft: **3,433**

Development: **WORKSHOP** Sq. Ft: **400**

**TOTAL DEVELOPMENT: 3,833 SF WITH 3 BEDROOMS**

**Q: 360 GPD (AVG)**

**Soil: Type IA**

**Ra: 0.064 GAL/FT<sup>2</sup>/DAY**

System Type: **AEROBIC/SURFACE APPLICATION**

Atu Treatment Plant: **Aeris 600 gpd**

Minimum Application Area (SF):

( $A=Q/R_i$ )

$A = 360 \text{ GPD} / 0.064$

**A = 5,625 SF**

Supply Line: **Sch 40, 1" Purple (~145')** Check Valve Required: **NO**

Sprinklers: **K-Rain Proplus Low Angle**

Number	Nozzle	PSI	Pattern	Radius	Area/Head	GPM/Head	R <sub>i</sub>
S1	#4	30	360	31 ft	3017 sf	3.4	.064
S2	#4	30	360	31 ft	3017 sf	3.4	.064

Overlap Area: 0

Actual Application Area: 6,034 sf

GPM: 6.8 GPM

Pump Requirements: 6.8 GPM @ 80.5 ft TDH

Pump Used Pump Tank: (Sta-Rite ST.E.P Pus D Series 20 GPM )

- Elevation Head = 5ft
- Pressure Head= 30 psi X 2.30 = 69 ft
- Friction Head of 1" Sch 40 = 145ft X 0.0452 = 6.5 ft
- Total Dynamic Head (TDH) = 5 + 69 + 6.5 = 80.5 ft
- Timer Set to spray between 12:00 AM & 5:00 AM
- Liquid Chlorinator

SPRAY FIELD SHALL NOT HAVE ANY EXPOSED ROCK. EXPOSED ROCK SHALL BE REMOVED OR COVERED WITH NATIVE DIRT. THE SPRAY FIELD SHALL BE SEEDED WITH NATIVE SEED TO ESTABLISH VEGETATION.

*All design criteria are in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design must be approved by the below signed designer.*



*Kyle Lents*  
5/14/2025



May 14, 2025

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH  
195 DAVID JONA DRIVE  
NEW BRAUNFELS, TEXAS 78132-3760

RE: SEPTIC DESIGN  
2124 ANDALUSIA  
ALTO LAGO, UNIT 1, LOT 62  
CANYON LAKE, TX 78133  
KRAUSHAAR RESIDENCE

BRANDON/BRENDA,

THE REFERENCED PROPERTY IS LOCATED WITHIN THE EDWARDS AQUIFER CONTRIBUTING ZONE. THIS OSSF DESIGN WILL MEET AND COMPLY WITH THE REQUIREMENTS OF THE CZP PLAN.

TEMPORARY EROSION AND SEDIMENTARY CONTROLAS SHOULD BE UTILIZED AS NECESSARY TO PREVENT ANY TYPE OF EROSION. IF ANY SENSITIVE FEATURES ARE DISCOVERED DURING THE CONSTRUCTION, ACTIVITIES MUST BE SUSPENDED IMMEDIATELY AND THE APPLICAT OR AGENT SHALL NOTIFY THE TCEQ REGIONAL OFFICE. AFTER THAT OPERATIONS CAN ONLY PROCEED AFTER THE EXECUTIVE DIRECTOR APPROVES THE REQUIRED ADDITIONAL ENGINEERING IMPACT PLANS.

DESIGNED IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, 285.40, 285.41, & 285.42, TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)




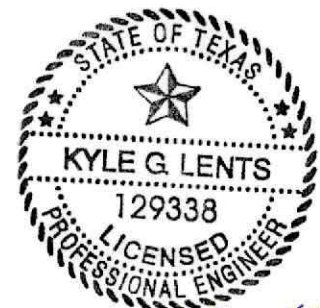
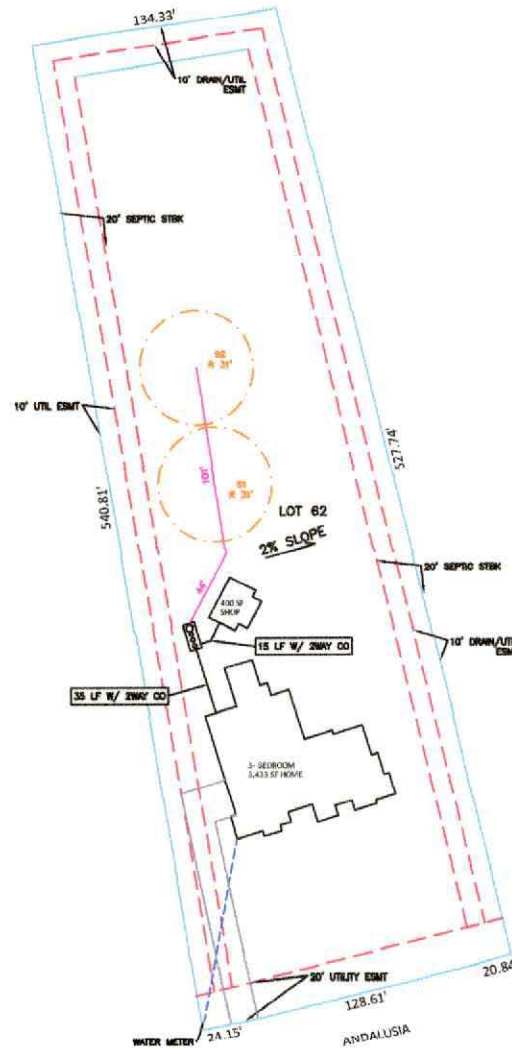
A handwritten signature in blue ink, appearing to read "Kyle G. Lents", written over the bottom right portion of the professional seal.



NORTH  
NTS

MICHELLE & NICHOLAS KRAUSHAAR  
2124 ANDALUSIA  
COMAL COUNTY, TEXAS

LEGEND:  = TEST HOLE  
C/O = CLEAN OUT



*Kyle G. Lents*  
8/14/2025

NOTES:

OVERALL SITE PLAN FOR REFERENCE (PLEASE SEE SITE PLAN FOR DETAILED PLAN)

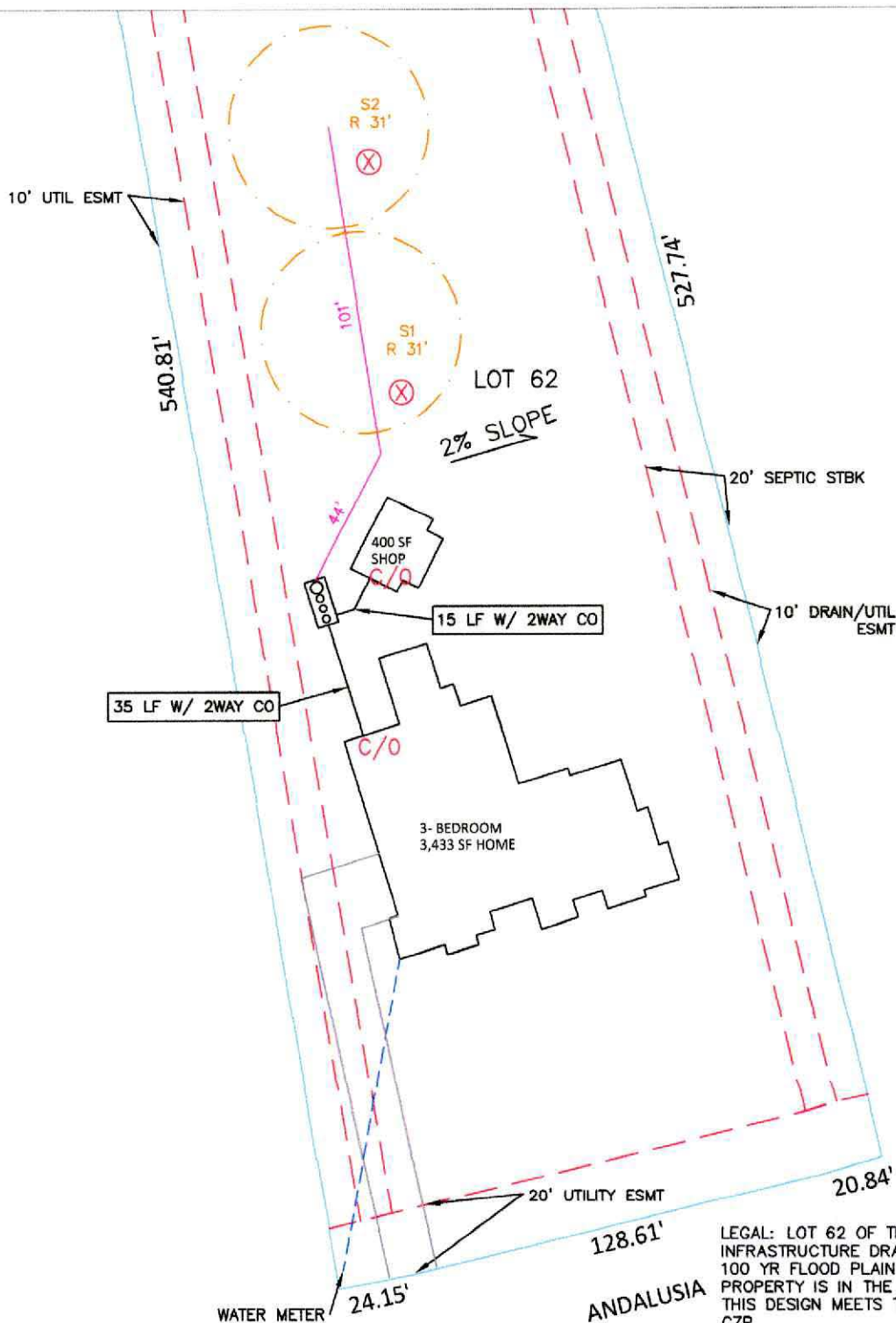
9451 SELMA PARKWAY  
SELMA, TEXAS 78154  
210-632-0753  
INFO@LSWASTEWATER.COM



← NORTH  
1:50

MICHELLE & NICHOLAS KRAUSHAAR  
2124 ANDALUSIA  
COMAL COUNTY, TEXAS

LEGEND: (X) = TEST HOLE  
C/O = CLEAN OUT



*Kyle Lents*  
5/14/2025

LEGAL: LOT 62 OF THE ALTO LAGO U-1 SUBDIVISION  
INFRASTRUCTURE DRAWN AND SEPTIC ARE NOT LOCATED WITHIN THE  
100 YR FLOOD PLAIN  
PROPERTY IS IN THE EDWARDS CONTRIBUTING ZONE  
THIS DESIGN MEETS THE REQUIREMENTS OUTLINED IN THE CURRENT  
CZP

## NOTES:

1. SYSTEM IS DESIGNED TO ACCOMMODATE A MAXIMUM FLOW OF 360 GPD.
2. INSTALL A 2-WAY CLEANOUT ON TIGHT LINE FROM HOUSE TO SEPTIC TANK.
3. ATU IS A AERIS 600 GPD
4. SUPPLY LINE TO SPRINKLERS SHALL BE 1" SCH. 40 PURPLE PIPE.
5. S1-S2 ARE K-RAIN PROPLUS LOW ANGLE SPRINKLERS WITH #4 NOZZLES OPERATING @ 30 P.S.I. WITH A 360° PATTERN AT A 31' RADIUS. THERE SHALL BE NO OBSTRUCTIONS WITHIN 10' OF THE SPRINKLER HEADS.
6. AUDIBLE AND VISUAL ALARMS, EXTERNAL DISCONNECT WITHIN SITE OF THE PUMP TANK, PUMP AND ALARMS ON SEPARATE BREAKERS AND EXTERNAL WIRING IN CONDUIT ARE REQUIRED.
7. TIMER SET TO SPRAY BETWEEN 12:00 AM AND 5:00 AM.
8. THE RESERVE CAPACITY 1/3 OF THE DAILY FLOW FOR THIS SYSTEM IS 120 GALLONS.
9. WATERLINE TO BE SLEEVED IN SCH 40 WHERE IT IS LOCATED <10' FROM ANY OSSF ELEMENT OR SPRAY AREA IN ORDER TO PROVIDE THE EQUIVALENT PROTECTION OF A 10' SEPERATION PER TAC CHAPTER 290, SUBCHAPTER D, RULES FOR PUBLIC DRINKING WATER SYSTEMS.

Bryan W. Shaw, Ph.D., P.E., *Chairman*  
Toby Baker, *Commissioner*  
Richard A. Hyde, P.E., *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

June 19, 2015

Messrs. Tommy, Matt and Clint Dulworth  
Aeris Aerobics  
5021 SE McKinney  
Rice, TX 75155

RE: Approval of Aeris Aerobics Models D-500-M, D-600-M, D-500-N-500PT, D-500-N-750PT

Gentlemen,

We have completed our review of the above referenced aerobic treatment units. The above referenced models are approved for use in Texas.

The treatment capacity (in gallons per day) of each unit is shown as the first three digits in the model number listed above. All of the listed units are provided with a pretreatment chamber and a pump chamber.

The D-500-M and D-600-M are provided with a 750 gallon pump chamber. The D-500-N-500PT is provided with a 500 gallon pump chamber and the D-500-N-750PT is provided with a 750 gallon pump chamber. Please note that while the pump chambers are not considered in the ANSI Standard 40 review, pump chambers are subject to the requirements shown in 30 TAC 285.34(b).

This letter will serve as proof of approval until your aerobic treatment units are listed on our web site. We request that you review the website listings of your products and advise us of any errors in the listings or company contact information.

If you have any questions concerning our review, please contact me by telephone at (512) 239-2150, by e-mail at [mike.price@tceq.texas.gov](mailto:mike.price@tceq.texas.gov) or by facsimile at (512) 239-6390. When responding by mail please use mail code MC-235.

Sincerely,

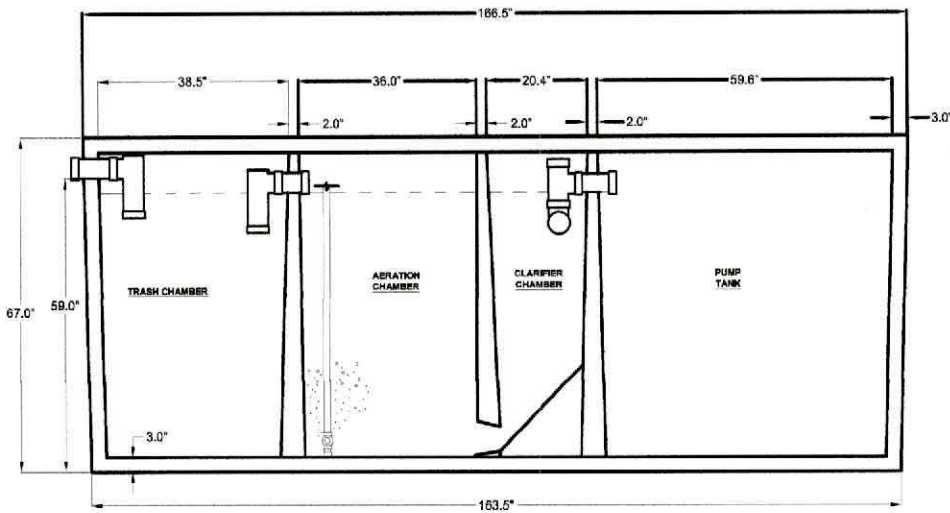
A handwritten signature in blue ink, appearing to read "Michael Price".

Michael Price  
On-Site Wastewater Program

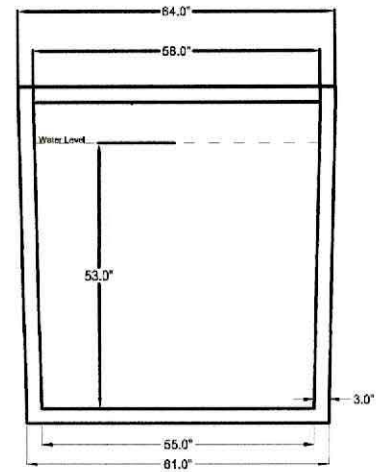
360 GPD FLOAT SETTINGS  
 LIQUID DEPTH = 53" (14.16 GAL/IN)  
 PUMP OFF: 8" (113.28 GAL)  
 PUMP ON: 12" (56.64 GAL)  
 HIGH WATER ALARM: 38" (368.16 GAL)  
 RESERVE VOLUME: 53" (212.4 GAL)



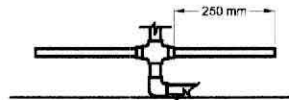
*Kyle Lents*  
 5/28/2025



**SIDE SECTION VIEW**



**END SECTION VIEW**



**DIFFUSER DETAIL**

2 diffusers per downpipe



**Single-Port Aerator**

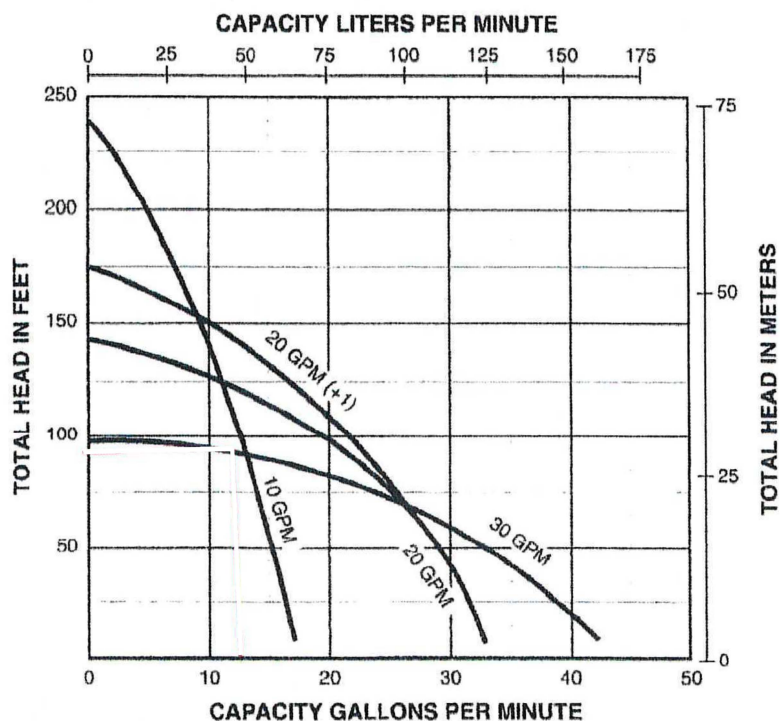
Title: <b>Model D-600-M</b> 600 gallon per day Aerobic Treatment Unit	Company Name: <b>Aeris Aerobics, Inc.</b>	Date: <b>05-18-21</b>
--	---	-----------------------



# STA-RITE® ST.E.P Plus D Series

4" multi-stage submersible effluent pumps

## PUMP PERFORMANCE



### PUMP PERFORMANCE (CAPACITY IN GALLONS PER MINUTE)

PUMP MODEL	FLOW RATE (GPM)	PSI											
		0	10	20	30	40	50	60	70	80	90	100	110
10DOM05221	10			15.0	13.7	12.7	11.5	10.2	8.4	6.5	4.3	1.0	
10DOM05121	10			15.0	13.7	12.7	11.5	10.2	8.4	6.5	4.3	1.0	
20DOM05221	20			30.0	26.0	21.5	14.2	4.4					
20DOM05121	20			30.0	26.0	21.5	14.2	4.4					
30DOM05221	30		38.5	33.3	25.8	16							
30DOM05121	30		38.5	33.3	25.8	16							
20DOM05221+1	20 + 1			30	27.5	24	20	13.5	6				
20DOM05121+1	20 + 1			30	27.5	24	20	13.5	6				

### PUMP PERFORMANCE (CAPACITY IN LITERS PER MINUTE)

PUMP MODEL	FLOW RATE (LPM)	BAR											
		.69	1.38	2.07	2.76	3.45	4.13	4.82	5.51	6.20	6.89	7.58	110
10DOM05221	37.85			56.8	51.9	48.1	43.5	38.6	31.8	24.6	16.3	3.8	
10DOM05121	37.85			56.8	51.9	48.1	43.5	38.6	31.8	24.6	16.3	3.8	
20DOM05221	75.7			113.6	98.4	81.4	53.7	16.7					
20DOM05121	75.7			113.6	98.4	81.4	53.7	16.7					
30DOM05221	113.55		145.7	126.0	97.7	60.6							
30DOM05121	113.55		145.7	126.0	97.7	60.6							
20DOM05221+1	75.7 + 1			113.4	103.9	90.7	75.6	51.0	22.6				
20DOM05121+1	75.7 + 1			113.4	103.9	90.7	75.6	51.0	22.6				

# ProPlus™ Gear Driven Sprinkler Setting Instructions

**NOTE:** The *ProPlus* is factory preset with a 90° arc setting, and includes a pre-installed #2.5 nozzle.

## CHANGING A NOZZLE

### 1► REMOVING THE NOZZLE RETENTION SCREW

Use your K-Key or a small flat blade screwdriver to remove the nozzle retention screw by turning counter-clockwise to remove and clockwise to re-install.

### 2► PULL UP THE RISER

Insert the k-Key in the keyhole on the top of the nozzle turret and turn the key 1/4 turn to insure that the key does not slip out of the keyhole when you pull it up. Firmly pull up the entire spring-loaded riser to access the nozzle socket. Hold the riser assembly with one hand.

### 3► REMOVING THE NOZZLE

With the nozzle retention screw removed, insert the K-Key into the slot directly under the nozzle “prongs” at the top of the nozzle. Now, turn the key 1/4 turn to “hook” the nozzle and pull the nozzle out.

### 4► INSTALLING A NOZZLE

Press the desired nozzle into the nozzle socket. Make sure the nozzle number is visible and the nozzle “prongs” are up. Then, re-install the nozzle retention screw. **NOTE:** The nozzle retention screw is also a break-up screw and used to adjust the distance of the spray.

## SETTING THE ARC ADJUSTMENT

### 1► FINDING THE LEFT START POSITION

Place your finger on the top center of the nozzle turret. Rotate the turret to the right until it stops and then back to the left until it stops. Notice the position of the nozzle arrow. This is the “Left Start” position. The sprinkler will begin spraying from this position and rotate clockwise until it reaches the right Adjustable Stop-Return Point.

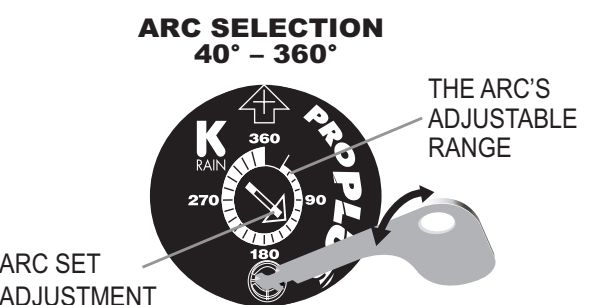
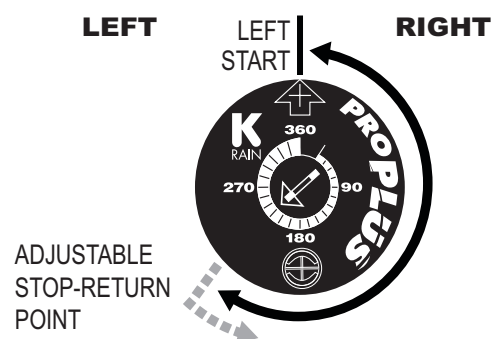
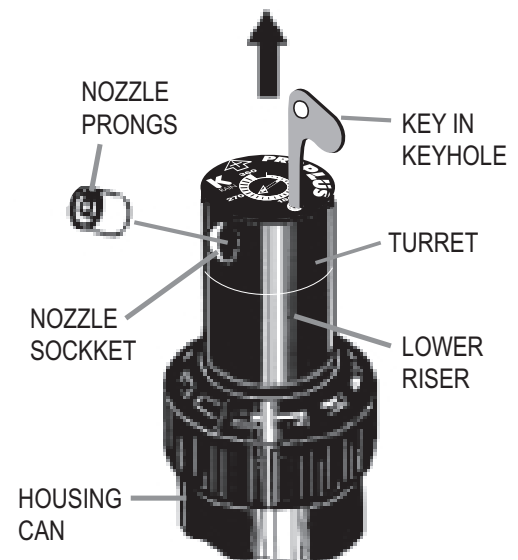
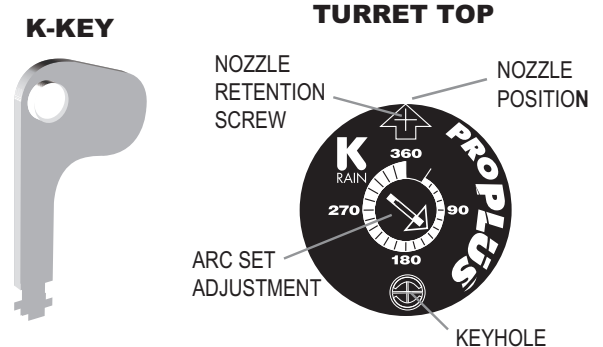
### 2► ORIENTING THE LEFT START POSITION

Insert the K-Key in the keyhole on the top of the nozzle turret and turn the key 1/4 turn to insure that the key does not slip out of the keyhole when you pull it up. Being careful not to allow the nozzle turret to turn, firmly pull up the entire spring-loaded riser. Hold the lower riser assembly up with one hand. Now turn only the lower riser clockwise or counter-clockwise until the nozzle arrow is pointing where you want the sprinkler to begin spraying.

### 3► CHANGING THE ARC

Insert the K-Key or a small flat blade screwdriver into the Arc Set Adjustment slot. Turn clockwise to increase the arc or counter-clockwise to decrease the arc.

**WHEN SET AT 360°, THE PROPLUS WILL ROTATE CONTINUOUSLY IN A CLOCKWISE DIRECTION.**



# ProPlus™ Gear Driven Sprinkler Setting Instructions

## SPRINKLER INSTALLATION

### 1► INSTALL AND BURY

Do not use pipe dope. Thread the sprinkler on the pipe. Bury the sprinkler flush to grade. **NOTE:** Gear driven sprinklers and pop-up sprays should not be installed on the same watering zone.

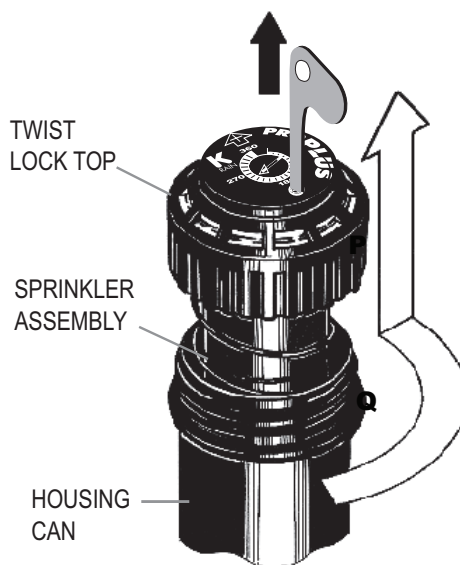
### 2► INSPECTING THE FILTER

Unscrew the top and lift the complete sprinkler assembly out of the housing can. The filter is located on the bottom of the sprinkler assembly and can be easily pulled out, cleaned and re-installed.

### 3► WINTERIZATION TIPS

When using an air compressor to remove water from the system please note the following:

- Do not exceed 30 PSI.
- Always introduce air into the system gradually to avoid air pressure surges. Sudden release of compressed air into the sprinkler can cause damage.
- Each zone should run no longer than 1 minute on air. Sprinklers turn 10 to 12 time faster on air than on water. Over spinning rotors on air can cause damage to the internal components.



## PERFORMANCE DATA

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr / mm/hr			
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M <sup>3</sup> /H	■	▲	■	▲
#0.5	30	207	2.1	28	8.5	0.5	1.9	0.11	0.12	0.14	3	4
	40	276	2.8	29	8.8	0.6	2.3	0.14	0.14	0.16	3	4
	50	345	3.5	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	60	414	4.1	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
#0.75	30	207	2.1	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	40	275	2.8	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
	50	344	3.4	31	9.4	0.9	3.4	0.20	0.18	0.21	5	5
	60	413	4.1	32	9.8	1.0	3.8	0.23	0.19	0.22	5	6
#1.0	30	207	2.1	32	9.8	1.3	4.9	0.30	0.24	0.28	6	7
	40	275	2.8	33	10.1	1.5	5.7	0.34	0.27	0.31	7	8
	50	344	3.4	34	10.4	1.6	6.1	0.36	0.27	0.31	7	8
	60	413	4.1	35	10.7	1.8	6.8	0.41	0.28	0.33	7	8
#2.0	30	207	2.1	37	11.3	2.4	9.1	0.55	0.34	0.39	9	10
	40	275	2.8	40	12.2	2.5	9.5	0.57	0.30	0.35	8	9
	50	344	3.4	42	12.8	3.0	11.4	0.68	0.33	0.38	8	10
	60	413	4.1	43	13.1	3.3	11.4	0.68	0.34	0.36	8	9
2.5 Pre- installed	30	207	2.1	38	11.6	2.5	9.5	0.57	0.33	0.38	8	10
	40	275	2.8	39	11.9	2.8	10.6	0.64	0.35	0.41	9	10
	50	344	3.4	40	12.2	3.2	12.1	0.73	0.39	0.44	10	11
	60	413	4.1	41	12.5	3.5	13.3	0.80	0.40	0.46	10	12
#3.0	30	207	2.1	38	11.6	3.6	13.6	0.82	0.48	0.55	12	14
	40	275	2.8	39	11.9	4.2	15.9	0.96	0.53	0.61	14	16
	50	344	3.4	41	12.5	4.6	17.4	1.05	0.53	0.61	13	15
	60	413	4.1	42	12.8	5.0	19.0	1.14	0.55	0.63	14	16
#4.0	30	207	2.1	43	13.1	4.4	16.7	1.00	0.46	0.53	12	13
	40	275	2.8	44	13.4	5.1	19.3	1.16	0.51	0.59	13	15
	50	344	3.4	46	14.0	5.6	21.2	1.27	0.51	0.59	13	15
	60	413	4.1	49	14.9	5.9	22.4	1.34	0.47	0.55	12	14
#6.0	40	276	2.8	45	13.7	5.9	22.4	1.34	0.56	0.65	14	16
	50	344	3.4	46	14.0	6.0	22.7	1.36	0.55	0.63	14	16
	60	413	4.1	48	14.6	6.3	23.9	1.43	0.53	0.61	13	15
	70	482	4.8	49	14.9	6.7	25.4	1.52	0.54	0.62	14	16
#8.0	40	276	2.8	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	50	344	3.4	45	13.7	8.5	32.2	1.93	0.81	0.93	21	24
	60	413	4.1	49	14.9	9.5	36.0	2.16	0.76	0.88	19	22
	70	482	4.8	50	15.2	10.0	37.9	2.27	0.77	0.89	20	23

## LOW ANGLE PERFORMANCE DATA

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr / mm/hr			
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M <sup>3</sup> /H	■	▲	■	▲
#1.0	30	207	2.1	22	6.7	1.2	4.5	.27	0.48	0.55	12	14
	40	276	2.8	24	7.3	1.7	6.4	.39	0.57	0.66	14	17
	50	345	3.4	26	7.9	1.8	6.8	.41	0.51	0.59	13	15
	60	414	4.1	28	8.5	2.0	7.6	.45	0.49	0.57	12	14
#3.0	30	207	2.1	29	8.8	3.0	11.4	.68	0.69	0.79	17	20
	40	276	2.8	32	9.8	3.1	11.7	.70	0.58	0.67	15	17
	50	345	3.4	35	10.7	3.5	13.2	.80	0.55	0.64	14	16
	60	414	4.1	37	11.3	3.8	14.4	.86	0.53	0.62	14	16
#4.0	30	207	2.1	31	9.4	3.4	12.9	.77	0.68	0.79	17	20
	40	276	2.8	34	10.4	3.9	14.8	.89	0.65	0.75	17	19
	50	345	3.4	37	11.3	4.4	16.7	1.00	0.62	0.71	16	18
	60	414	4.1	38	11.6	4.7	17.8	1.07	0.63	0.72	16	18
#6.0	40	275	2.8	38	11.6	6.5	24.6	1.48	0.87	1.00	22	25
	50	344	3.4	40	12.2	7.3	27.7	1.66	0.88	1.01	22	26
	60	413	4.1	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	70	482	4.8	44	13.4	8.6	32.6	1.96	0.86	0.99	22	25

\*All precipitation rates calculated for 180° operation.  
For the precipitation rate for a 360° sprinkler, divide by 2.



**K-RAIN MANUFACTURING CORP.**  
1640 Australian Avenue  
Riviera Beach, FL 33404 USA  
PH: 561.844.1002 / 1.800.735.7246  
FAX: 561.842.9493  
www.krain.com

© K-RAIN Manufacturing Corp.  
Part Number: 1100519 Rev. 01

**NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER**

## WARRANTY DEED WITH VENDOR'S LIEN

Date: December 15, 2021

Grantor: Roland A. Purnell and Karolyn L. Purnell

Grantor's Mailing Address: 20734 Leavane Dr.  
(including county) Porter, Montgomery County, TX 77365

Grantee: Michelle Catherine Kraushaar and Nicholas Newton Kraushaar

Grantee's Mailing Address: 29792 Andrea Way  
(including county) Laguna Niguel, Orange County, CA 92677

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and a note of even date in the principal amount of One Hundred Thirteen Thousand Five Hundred Twenty and no/100 DOLLARS (\$113,520.00) executed by Grantee payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION. The note is secured by a vendor's lien retained in favor of RANDOLPH-BROOKS FEDERAL CREDIT UNION in this deed and by a deed of trust of even date from Grantee to MORTON W. BAIRD II, Trustee.

Property (including any improvements):

Lot 62, Alto Lago Unit 1, a subdivision in Comal County, Texas recorded under Document No. 201606049273, Map and Plat Records, Comal County, Texas

Reservations from and Exceptions to Conveyance and Warranty:

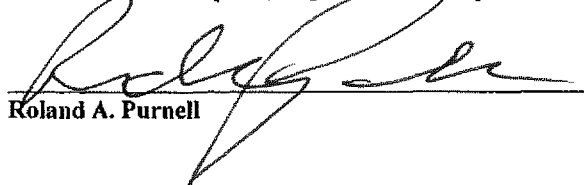
This conveyance is made subject to any easements, conditions, mandatory homeowners assessments and/or restrictions of record affecting the title to the hereinbefore described property.

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

RANDOLPH-BROOKS FEDERAL CREDIT UNION, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described above. The vendor's lien and superior title to the property are retained for the benefit of RANDOLPH-BROOKS FEDERAL CREDIT UNION and are transferred to that party without recourse on Grantor.

When the context requires, singular nouns and pronouns include the plural.

  
Roland A. Purnell

  
Karolyn L. Purnell

THE STATE OF TEXAS

COUNTY OF Montgomery

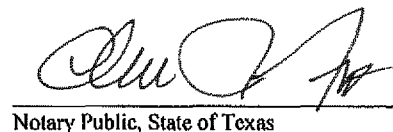
(Acknowledgment)

This instrument was acknowledged before me on the 15th day of December, 20 21

by Roland A. Purnell

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

- ☒ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.

  
Notary Public, State of Texas

Christopher J Frost  
Notary's Name (printed)

09/14/2023  
Notary's commission expires

THE STATE OF TEXAS

COUNTY OF Montgomery

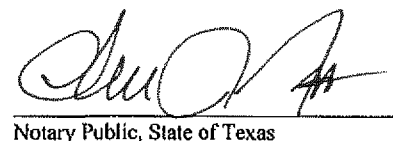
(Acknowledgment)

This instrument was acknowledged before me on the 15th day of December, 20 21

by Karolyn L. Purnell

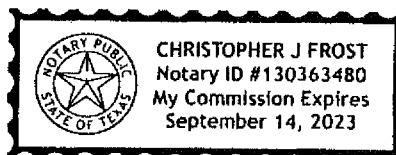
Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

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Notary Public, State of Texas

Christopher J Frost  
Notary's Name (printed)

09/14/2023  
Notary's commission expires





THE STATE OF TEXAS

}

(Acknowledgment)

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

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\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

THE STATE OF TEXAS

}

(Acknowledgment)

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by

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\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

AFTER RECORDING RETURN TO:

Michelle Catherine Kraushaar  
29792 Andrea Way  
Laguna Niguel, CA 92677

PREPARED IN THE LAW OFFICE OF:

MORTON W. BAIRD II  
242 W. Sunset, Suite 201  
San Antonio, Texas 78209

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**Comal County, Texas**  
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*Bobbie Koepp*